



401 Congress Ave., Suite 1540
Austin, Texas 78701
(512) 693-7570
bill@cobbxcounsel.com

April 5, 2019

jpriest@vicad.com
Jessica Priest
Victoria Advocate

Re: April 5, 2019 Texas Public Information Act Request

Ms. Priest:

By email dated April 5, 2019, you requested a copy of “all the port board candidates campaign finance reports.”

The information responsive to this request is attached.

Sincerely,

Bill Cobb

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <div style="text-align: center; font-size: 1.2em;">6</div>	
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> Mr. Jasper A. </div> <hr style="border: 0; border-top: 1px dotted black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="display: flex; justify-content: space-between;"> Jay Cuellar Jr. </div>			<div style="text-align: center; font-weight: bold; font-size: 0.9em;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Received</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 5px; margin-top: 5px;"> Receipt # Amount \$ </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Imaged</div>	
	<div style="display: flex; justify-content: space-between;"> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="display: flex; justify-content: space-between;"> 108 Boston St. Port Lavaca TX 77979 </div>				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="display: flex; justify-content: space-between;"> (361) 676-5838 </div>				
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> Mr. Jasper A. </div> <hr style="border: 0; border-top: 1px dotted black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="display: flex; justify-content: space-between;"> Jay Cuellar Jr. </div>				
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="display: flex; justify-content: space-between;"> 108 Boston St. Port Lavaca TX 77979 </div>				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="display: flex; justify-content: space-between;"> (361) 676-5838 </div>				
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="display: flex; justify-content: space-between;"> 108 Boston St. Port Lavaca TX 77979 </div>				
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>				
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 02 10 2019 </div> <div>THROUGH</div> <div> Month Day Year 04 04 2019 </div> </div>				
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> ELECTION DATE Month Day Year 05 04 2019 </div> <div style="width: 60%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>				
12 OFFICE	OFFICE HELD (if any) N/A		13 OFFICE SOUGHT (if known) Calhoun Port Authority District 2 Commissioner		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Jasper "Jay" Cuellar Jr.

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 100.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1,026.31

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

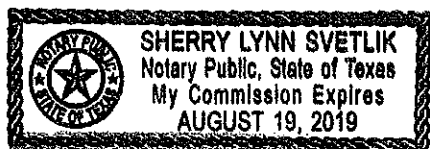
\$ 100.00

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 1,026.31

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jasper "Jay" Cuellar Jr, this the 4th day of April, 20 19, to certify which, witness my hand and seal of office.

Sherry Lynn Svetlik
Signature of officer administering oath

Sherry Lynn Svetlik
Printed name of officer administering oath

Bank Officer
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**
Jasper "Jay" Cuellar Jr.**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS**
NAME OF SCHEDULESUBTOTAL
AMOUNT

- | | | |
|-----|---|-------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 100.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 1,026.31 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 1,026.31 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1

2 FILER NAME

Jasper "Jay" Cuellar Jr

3 Filer ID (Ethics Commission Filers)**4** Date**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

Dr. Jerry Pentecost

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

PO Box 586 Point Comfort TX 77978

8 Principal occupation / Job title (See Instructions)

Medical Doctor / Retired

9 Employer (See Instructions)

Self-employed

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Jasper "Jay" Cuellar Jr.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ -0-
5 Date of loan 3/29/2019	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#:) Jasper "Jay" Cuellar Jr.	9 Loan Amount (\$) 1,026.31
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code 108 Boston St. Port Lavaca, TX 77979	10 Interest rate 0%
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) Human Resource Manager		13 Employer (See Instructions) Seadrift Coke L.P.
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Jasper "Jay" Cuellar Jr	3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2019	5 Payee name Eclipse Tinting & Signs	
6 Amount (\$) \$1,026.31	7 Payee address; City; State; Zip Code. PO Box 1710 Port Lavaca, TX 77979 86 Konrad Rd.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 4'X 8' Signs and Yard Signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">15</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <u>MR</u> FIRST MI <div style="text-align: center; font-size: 1.5em;">LUIS</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">DE LA GARZA</div>		OFFICE USE ONLY Date Received <div style="font-size: 1.5em; text-align: center;">4-3-19</div>								
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Change of Address </div> <div style="font-size: 1.2em;">101 BLACKSTONE PLC. PORT LAVACA, TX 77979</div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(361) 652-7905</div>		Date Hand-delivered or Date Postmarked								
6 CAMPAIGN TREASURER NAME	MS / <u>MRS</u> / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">PAMELA</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">PAM DE LA GARZA</div>		Receipt # Amount \$								
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">101 BLACKSTONE PLC. PORT LAVACA, TX 77979</div>		Date Processed Date Imaged								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(361) 482-7810</div>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)								
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.5em;">1 / 18 / 19</td> <td></td> <td style="text-align: center; font-size: 1.5em;">4 / 4 / 19</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	1 / 18 / 19		4 / 4 / 19		
Month Day Year	THROUGH	Month Day Year									
1 / 18 / 19		4 / 4 / 19									
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="width:30%;"> ELECTION DATE Month Day Year <div style="font-size: 1.5em;">5 / 4 / 19</div> </td> <td style="width:70%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year <div style="font-size: 1.5em;">5 / 4 / 19</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special						
ELECTION DATE Month Day Year <div style="font-size: 1.5em;">5 / 4 / 19</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE	OFFICE HELD (if any) <div style="height: 40px;"></div>										
	13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">CALHOUN COUNTY PORT AUTH. DISTRICT 4</div>										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

LOIS DE LA GARZA

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 437.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1637.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 203.83

4. TOTAL POLITICAL EXPENDITURES

\$ 936.02

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

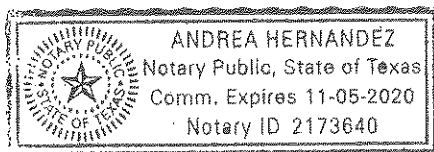
\$ 835.63

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lois De La Garza, this the 30th day of MARCH, 202019, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME LUIS DE LA GARZA		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1637.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 182.13
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 936.02
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 142.70
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 289.50
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME LUIS DE LA GARZA		3 Filer ID (Ethics Commission Filers)
4 Date 3-1-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAM DE LA GARZA 6 Contributor address; City; State; Zip Code 101 BLACKSTONE PLC, PORT LAVACA, TX 77979	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) MANAGER / APTS		9 Employer (See Instructions) SELF
Date 3-1-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAYMOND BUTLER Contributor address; City; State; Zip Code 1100 S. VIRGINIA ST., PORT LAVACA, TX 77979	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) CONSULTANT FIRM		Employer (See Instructions) SELF
Date 3-8-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUPE SALAZAR Contributor address; City; State; Zip Code 1417 JUSTICE, PORT LAVACA, TX 77979	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) MAINT. WORKER		Employer (See Instructions) IBC BANK
Date 3-8-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GLORIA SALDIVAR Contributor address; City; State; Zip Code 205 DAVIS AVE. PORT LAVACA, TX 77979	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) HOME HEALTH ASST.		Employer (See Instructions) SELF
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

LUIS DELAGARZA

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

TYLER DELAGARZA

6 Contributor address; City; State; Zip Code

4-1-19

1612 AVALON, PORT LAVACA, TX 77979

100.00

8 Principal occupation / Job title (See Instructions)

FORMOSA TRAIN

9 Employer (See Instructions)

FORMOSA

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

LINDA CALHAN

Contributor address; City; State; Zip Code

4-1-19

308 MONTEREY VICTORIA, TX 77904

50.00

Principal occupation / Job title (See Instructions)

RETIRED BANKER

Employer (See Instructions)

NONE

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

JOE MIRELES

Contributor address; City; State; Zip Code

4-1-19

1605 AVALON, PORT LAVACA, TX 77979

50.00

Principal occupation / Job title (See Instructions)

INSURANCE SALESMAN

Employer (See Instructions)

SELF

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

SUSAN DELAGARZA

Contributor address; City; State; Zip Code

4-2-19

P.O. BOX 182, POINT COMFORT, TX 77978

5.00

Principal occupation / Job title (See Instructions)

TEACHER

Employer (See Instructions)

OUR LADY OF THE GULF CATHOLIC SCHOOL

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

LOUIS DE LA GARZA

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

LEA DEERIN WATER

6 Contributor address; City; State; Zip Code

3-11-19

1210 N. VIRGINIATH, PORT LAVACA, TX 77979

12.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

STORE CLERK

BEALL'S

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

RUSSELL JANEK

Contributor address; City; State; Zip Code

3-11-19

480 BAUER RD, PORT LAVACA, TX 77979

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED/FARMER

NONE

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

MARY JANE CAMACHO

Contributor address; City; State; Zip Code

4-1-19

133 TANJERINE, PORT LAVACA, TX 77979

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

LAB TECH

PORT LAVACA CLINIC

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

PIPER SUMMEY

Contributor address; City; State; Zip Code

4-1-19

301 GLENBROOK PORT LAVACA, TX 77979

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

OFFICE WORKER

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

LUIS DE LA GARZA

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID#:

HUMBERTO DE LA GARZA

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

4-2-19 3404 WOODLAWN, VICTORIA, TX 77901

50.00

8 Principal occupation / Job title (See Instructions)

TRUCK DRIVER

9 Employer (See Instructions)

UNION PACIFIC RAILROAD

Date

Full name of contributor ☐ out-of-state PAC (ID#:

DEBBIE SUMMEY

Amount of contribution (\$)

Contributor address; City; State; Zip Code

4-2-19 301 GLENBROOK, PORT LAVACA TX 77979

30.00

Principal occupation / Job title (See Instructions)

OFFICE CLERK

Employer (See Instructions)

FORMOSA

Date

Full name of contributor ☐ out-of-state PAC (ID#:

ESTHER HILL

Amount of contribution (\$)

Contributor address; City; State; Zip Code

4-2-19 1400 N. WILLIS, ABILENE, TX 79603

10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

SOFIE PENA

Amount of contribution (\$)

Contributor address; City; State; Zip Code

4-2-19 2019 WESTMORELAND ABILENE, TX 79603

10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

LUIS DELA GARZA

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:

ADAM SALINAS

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

4-2-19 8803 CARVEL LANE, HOUSTON, TX 77036

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

NORMA LEE DELA GARZA

Contributor address; City; State; Zip Code

4-2-19 612 HALF LEAGUE #4, PORT LAVACA, TX 77979

5.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

CLERK - SALES

GAIL PARKER

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

PAUL BUNNEL

Contributor address; City; State; Zip Code

4-3-19 1101 N. BENEVIDES, PORT LAVACA, TX 77979

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

PHYSICIAN

MEMORIAL MEDICAL CENTER

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>LUIS DE LA GARZA</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>CORY POWER</u>	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code <u>3-8-19 212 JENNINGS, PORT LAVACA, TX 77979</u>	<u>181.13</u>	<u>SIGN STAKES</u>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>HARDWARE STORE OWNER</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME LUIS DE LA GARZA		3 Filer ID (Ethics Commission Filers)	
4 Date 3-7-19		5 Payee name MEL GONZALES			
6 Amount (\$) 40.00		7 Payee address; City; State; Zip Code 724 BROOKHOLLOW, PORT LAVACA, TX 77979			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE PURCHASED WIRES FOR POL AD SIGNS		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name LUIS DE LA GARZA		Office sought PORT AUTHORITY DIST 4	
Date 3-25-19		Payee name THE PORT LAVACA WAVE			
Amount (\$) 157.80		Payee address; City; State; Zip Code 107 E. AUSTIN ST. PORT LAVACA, TX 77979			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE NEWSPAPER ADVERTISING		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name LUIS DE LA GARZA		Office sought PORT AUTHORITY DIST 4	
Date 3-16-19		Payee name WALMART			
Amount (\$) 29.18		Payee address; City; State; Zip Code 10388 U.S. HWY 59, WARTON, TX 77488			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) INK-PRINTER ADVERTISING EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name LUIS DE LA GARZA		Office sought PORT AUTHORITY DIST 4	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME LUIS DE LA GARZA	3 Filer ID (Ethics Commission Filers)
4 Date 3-7-19	5 Payee name LUIS DE LA GARZA	
6 Amount (\$) 574.39	7 Payee address; City; State; Zip Code 101 BLACKSTONE PLC, PORT LAVACA, TX 77979	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SIGNS (YARD)	
	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISING EXPENSE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name LUIS DE LA GARZA		
Office sought PORT AUTHORITY DIST 4		
Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2		2 FILER NAME LUIS DE LA GARZA		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ 142.70	
5 Date 3-20-19		6 Payee name AMAZON			
7 Amount (\$) 61.68		8 Payee address; City; State; Zip Code ONLINE PURCHASE			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE INK		(a) Category (See Categories listed at the top of this schedule) INK TO PRINT BROCHURES ADVERTISING EXPENSE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name LUIS DELAGARZA Office sought PORT AUTHORITY DIST 4 Office held			
Date 3-8-19		Payee name WALMART			
Amount (\$) 72.97		Payee address; City; State; Zip Code 400 TINEY BROWNING BLVD, PORTLAND, TX 77979			
TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE INK		Category (See Categories listed at the top of this schedule) INK FOR PRINTER BROCHURES ADVERTISING EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name LUIS DE LA GARZA Office sought PORT AUTHORITY DIST 4 Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <div style="text-align: center; font-size: 1.5em;">2</div>	2 FILER NAME <div style="text-align: center; font-size: 1.2em;">LUIS DE LA GARZA</div>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <div style="text-align: center; font-size: 1.2em;">3-4-19</div>	6 Payee name <div style="text-align: center; font-size: 1.2em;">WALMART</div>	
7 Amount (\$) <div style="text-align: center; font-size: 1.2em;">8.05</div>	8 Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">400 TINEY BROWNING BLVD, PORT LAVACA, TX 77979</div>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE <div style="text-align: center; font-size: 1.2em;">COPY PAPER</div>	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">PRINT COPIES OF BROCHURES ADVERTISING EXPENSE</div>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="text-align: center; font-size: 1.2em;">LUIS DE LA GARZA PORT AUTHORITY DIST 4</div>		

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
<div style="text-align: center;"> Candidate / Officeholder name Office sought Office held </div>			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <div style="text-align: center; font-size: 2em;">1</div>	2 FILER NAME <div style="font-size: 1.2em;">LUIS DE LA GARZA</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">2-18-19</div>	5 Payee name <div style="font-size: 1.2em;">THE PORT LAVACA WAVE</div>	
6 Amount (\$) <div style="font-size: 1.2em;">289.50</div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Reimbursement from political contributions intended </div>	7 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">107 E. AUSTIN ST., PORT LAVACA, TX 77979</div>	
8 <div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">NEWSPAPER ADVERTISING</div>	(b) Description <div style="margin-top: 5px;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div> <div style="font-size: 1.2em; margin-top: 5px;"> LUIS DE LA GARZA PORT AUTHORITY DIST. 4 </div>		
Date	Payee name	
Amount (\$) <div style="margin-top: 5px;"> <input type="checkbox"/> Reimbursement from political contributions intended </div>	Payee address; City; State; Zip Code	
<div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	Category (See Categories listed at the top of this schedule)	(b) Description <div style="margin-top: 5px;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		
Date	Payee name	
Amount (\$) <div style="margin-top: 5px;"> <input type="checkbox"/> Reimbursement from political contributions intended </div>	Payee address; City; State; Zip Code	
<div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	Category (See Categories listed at the top of this schedule)	(b) Description <div style="margin-top: 5px;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed:									
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST LAST MI SUFFIX NICKNAME ROGER M HOCHGRABER			OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged									
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 601 SEAKIST RD PTHADACA TX 77979												
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 935-1570			Date Hand-delivered or Date Postmarked									
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST LAST MI SUFFIX NICKNAME ROGER M HOCHGRABER												
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 601 SEAKIST RD PTHADACA TX 77979												
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 935-1570												
9 REPORT TYPE	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>					<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)										
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month Day Year 01 / 16 / 2019 THROUGH 04 / 26 / 2019												
11 ELECTION	<table style="width:100%;"> <tr> <td style="width:30%;"> ELECTION DATE Month Day Year 05 / 04 / 2019 </td> <td style="width:70%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Colham Co. Port Authority #4 </td> </tr> </table>					ELECTION DATE Month Day Year 05 / 04 / 2019	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Colham Co. Port Authority #4						
ELECTION DATE Month Day Year 05 / 04 / 2019	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Colham Co. Port Authority #4												
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Colham Co. Port Authority Pos. #4										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Roger M. Hochgraber 15 Filer ID (Ethics Commission Filers)

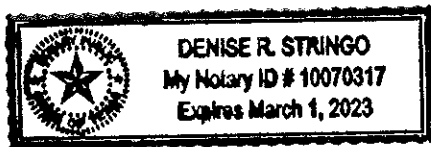
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
COMMITTEE ADDRESS	
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 565.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Roger M. Hochgraber
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Roger M. Hochgraber, this the April 4th day of April, 2019, to certify which, witness my hand and seal of office.

Denise R. Stringo
Signature of officer administering oath

DENISE R. Stringo
Printed name of officer administering oath

(DRS) Notary
April 4th
Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

ROGER M Hochgraber

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>565.14</i>
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)		8 Amount of Pledge \$
	7 Pledgor address; City; State; Zip Code		
		9 In-kind contribution description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of Pledge \$
	Pledgor address; City; State; Zip Code		
		In-kind contribution description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of Pledge \$
	Pledgor address; City; State; Zip Code		
		In-kind contribution description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of Pledge \$
	Pledgor address; City; State; Zip Code		
		In-kind contribution description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of Pledge \$
	Pledgor address; City; State; Zip Code		
		In-kind contribution description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME <i>Roger M. Holzner</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3-25-2019</i>		5 Payee name <i>Rapid Printing LLC</i>			
6 Amount (\$) <i>487.13</i>		7 Payee address; City; State; Zip Code <i>Victoria TEXAS</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>advertising expense</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date <i>4-1-19</i>		Payee name <i>Ace Hardware</i>			
Amount (\$) <i>31.11</i>		Payee address; City; State; Zip Code <i>301 Calhoun Plaza Fort Worth</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date <i>4-1-2019</i>		Payee name <i>Ace Hardware</i>			
Amount (\$) <i>46.90</i>		Payee address; City; State; Zip Code <i>301 Calhoun Plaza</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
---	----

5 Date	6 Payee name
--------	--------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
---------------	--

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------	--	---

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Name of person from whom investment is purchased		
		
	6 Address of person from whom investment is purchased; City; State; Zip Code		
	7 Description of investment		
		8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased		
		
	Address of person from whom investment is purchased; City; State; Zip Code		
	Description of investment		
		Amount of investment (\$)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME ROGER HOCHGRABER	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 565.14
5 Date 4-1-2019	6 Payee name ROGER M HOCHGRABER	
7 Amount (\$)	8 Payee address; City; State; Zip Code 601 SEAKIST RD PORT LAUDER, TEXAS 77779	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name: ROGER HOCHGRABER Office sought: Calhoun to Port Authority #4 Office held:		
Date 4-1-2019	Payee name ROGER M HOCHGRABER	
Amount (\$) 565.14	Payee address; City; State; Zip Code 601 SEAKIST RD. PORT LAUDER TX 77779	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: ROGER M. HOCHGRABER Office sought: Calhoun to Port Authority #4 Office held:		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Business name					
6 Amount (\$)	7 Business address; City; State; Zip Code					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)					
	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH						
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="width: 40%; text-align: center;">Candidate / Officeholder name</td> <td style="width: 20%; text-align: center;">Office sought</td> <td style="width: 20%; text-align: center;">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
	Candidate / Officeholder name	Office sought	Office held			
Date	Business name					
Amount (\$)	Business address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)					
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="width: 40%; text-align: center;">Candidate / Officeholder name</td> <td style="width: 20%; text-align: center;">Office sought</td> <td style="width: 20%; text-align: center;">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
	Candidate / Officeholder name	Office sought	Office held			
Date	Business name					
Amount (\$)	Business address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)					
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="width: 40%; text-align: center;">Candidate / Officeholder name</td> <td style="width: 20%; text-align: center;">Office sought</td> <td style="width: 20%; text-align: center;">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
	Candidate / Officeholder name	Office sought	Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Payee name			
6 Amount (\$)		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories.)		(b) Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

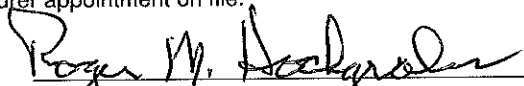
1 C/OH NAME

ROGER M. HOCHGRABER

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate/Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below *only* if you are not an officeholder. ..

A. CAMPAIGN FUNDS

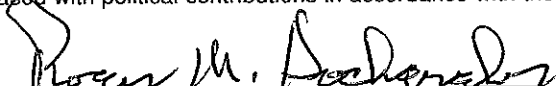
Check only one:

- ☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

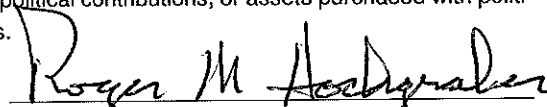
- ☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

.. Complete this section *only* if you are an officeholder ..

- ☒ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.


Signature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <i>12 including Receipts</i>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>MR</i>	FIRST <i>RANDY</i>	MI <i>L.</i>	OFFICE USE ONLY Date Received <i>4-4-19</i> <i>4:05p.m</i>
	NICKNAME	LAST <i>BOYD</i>	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>346 BAY MEADOW PORT LAVACA, TX. 77979</i>			Date Hand-delivered or Date Postmarked
<input type="checkbox"/> Change of Address				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(361)</i>	PHONE NUMBER <i>920-6568</i>	EXTENSION	Receipt #
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>MR</i>	FIRST <i>DOBBIE</i>	MI <i>J.</i>	Amount \$
	NICKNAME	LAST <i>BOYD</i>	SUFFIX	Date Processed
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>346 BAY MEADOW PORT LAVACA, TX. 77979</i>			Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(361)</i>	PHONE NUMBER <i>920-6569</i>	EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month Day Year <i>2 / 15 / 2019</i> THROUGH <i>4 / 4 / 2019</i>			
11 ELECTION	ELECTION DATE Month Day Year <i>5 / 4 / 2019</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>CALHOUN PORT AUTHORITY PCT. 4</i>		13 OFFICE SOUGHT (if known) <i>CALHOUN PORT AUTHORITY PCT. 4</i>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Randy Boyd

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

NONE

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 10,748 ⁶³/₁₀₀

4. TOTAL POLITICAL EXPENDITURES

\$ 10,748 ⁶³/₁₀₀

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

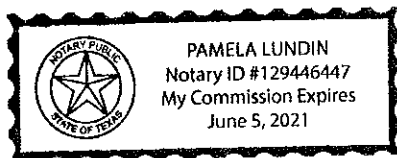
\$ 0.00

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Randy L. Boyd, this the 4th day of April, 20 19, to certify which, witness my hand and seal of office.

Pamela Lundin

Signature of officer administering oath

Pamela Lundin

Printed name of officer administering oath

Notary Public

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 10,748 ⁶³ / ₁₀₀
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1 of 4	2 FILER NAME RANDY BOYD	3 Filer ID (Ethics Commission Filers)
4 Date 2/15/19	5 Payee name ECLIPSE TINTING & SIGNS	
6 Amount (\$) \$4,331.19 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code ECLIPSE TINTING & SIGNS 86 KONRAD RD. PORT LAVACA, TX.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXP	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name RANDY BOYD	Office sought CALHOUN PORT AUTHORITY #4
		Office held SAME
Date 2/18/19	Payee name THE PORT LAVACA WAVE	
Amount (\$) \$697.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 107 E AUSTIN PORT LAVACA, TX. 77979	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTIZING EXP.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name RANDY BOYD	Office sought CALHOUN PORT AUTHORITY #4
		Office held SAME
Date 2/25/19	Payee name THE PORT LAVACA WAVE	
Amount (\$) \$1,386.25 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 107 E. AUSTIN PORT LAVACA, TX. 77979	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTIZING EXP.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name RANDY BOYD	Office sought CALHOUN PORT AUTHORITY #4
		Office held SAME

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 of 4	2 FILER NAME RANDY BOYD	3 Filer ID (Ethics Commission Filers)
4 Date 2/18/19	5 Payee name ACE HARDWARE	
6 Amount (\$) \$ 832 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 301 CALHOUN PLAZA PORT LAVACA, TX. 77979	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTIZING EXP.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name RANDY BOYD	Office sought CALHOUN PORT AUTHORITY #4
		Office held SAME
Date 3/4/19	Payee name THE PORT LAVACA WAVE	
Amount (\$) \$ 894.80 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 107 E. AUSTIN PORT LAVACA, TX 77979	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTIZING EXP.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name RANDY BOYD	Office sought CALHOUN PORT AUTHORITY #4
		Office held SAME
Date 3/11/19	Payee name THE PORT LAVACA WAVE	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 107 E. AUSTIN PORT LAVACA, TX 77979	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTIZING EXP.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name RANDY BOYD	Office sought CALHOUN PORT AUTHORITY #4
		Office held SAME

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3 of 4	2 FILER NAME Randy Boyd	3 Filer ID (Ethics Commission Filers)
4 Date 3/15/19	5 Payee name ACE HARDWARE	
6 Amount (\$) \$1081 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 301 CALHOUN PLAZA PORT LAVACA, TX. 77979	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTIZING EXP	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Randy Boyd	Office sought CALHOUN PORT AUTHORITY #4
		Office held SAME
Date 3/18/19	Payee name THE PORT LAVACA WAVE	
Amount (\$) \$991.30 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 107 E. AUSTIN PORT LAVACA, TX 77979	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTIZING EXP.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Randy Boyd	Office sought CALHOUN PORT AUTHORITY #4
		Office held SAME
Date 4/18/19	Payee name OFFICE DEPOT	
Amount (\$) \$161.86 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code VICTORIA, TX.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTIZING EXP.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Randy Boyd	Office sought CALHOUN PORT AUTHORITY #4
		Office held SAME

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4 of 4	2 FILER NAME Randy Boro	3 Filer ID (Ethics Commission Filers)
4 Date 3/25/19	5 Payee name THE PORT LAVACA WAVE	
6 Amount (\$) \$817.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 107 E AUSTIN PORT LAVACA, TX. 77979	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXP	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Randy Boro	Office sought CALHOUN PORT AUTHORITY #4
		Office held SAME
Date 4/1/19	Payee name THE PORT LAVACA WAVE	
Amount (\$) \$631.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 107 E. AUSTIN PORT LAVACA, TX. 77979	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Randy Boro	Office sought CALHOUN PORT AUTHORITY #4
		Office held SAME
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Eclipse Tinting & Signs

Invoice

P.O. Box 1710
86 Konrad Rd.
Port Lavaca, TX 77979
(361) 552-2745 Fax (361) 552-1067

DATE	INVOICE #
2/15/2019	33191

BILL TO
BOYD, RANDY 552-2104 CELL 920-6568

P.O. NO.	TERMS
	Due on receipt

QUANTITY	DESCRIPTION	AMOUNT
	SET UP CHARGE REG \$65.00 *DISCOUNTED* (MINIMUM FEE 25.00)	25.00
20	4X8 ELECTION SIGNS \$200.00 (ELECTION RATES, BULK) \$60.00	1,200.00T
20	PATCHES "CALHOUN PORT AUTHORITY, COMMISSIONER PCT. 4" REG. \$30.00 DISCOUNTED \$15.00	300.00T
200	2X2 (24"X24") REG. \$50.00 (ELECTION RATES, BULK) \$9.50	1,900.00T
108	PATCHES "CALHOUN PORT AUTHORITY, COMMISSIONER PCT. \$3.50	378.00T
200	STEP STAKES 200	200.00T
	DEPOSIT 02-15-19 CASH 1000.00	-1,000.00
	Sales Tax	328.19
We appreciate your business !!!!!!!		Total
		\$3,331.19

paid in full
Cash

THE PORT LAVACA WAVE
 107 E. Austin • P.O. Box 88
 Port Lavaca, Texas 77979-0088
 (361) 552-9788

THANK YOU FOR SHOPPING AT ACE
 15521-ACE HARDWARE-B
 301 CALHOUN PLAZA
 PORT LAVACA, TX 77979
 FACEBOOK @PORTLAVACACE
 (361) 552-1918

THE PORT LAVACA WAVE
 107 E. Austin • P.O. Box 88
 Port Lavaca, Texas 77979-0088
 (361) 552-9788

Customer's Order No.		Date	
2-18-19			
Sold to			
Randy Boyd			
Address			
Political			
Sold By	Cash	C.O.D.	Charge
		On Acct.	Midse.
		Ret'd.	Paid Out
STN		P.D.	
10000		599.00	
10000			
Rec'd.		By	
Randy Boyd		Randy Boyd	
Total		699.00	
Item# GP52			

Thank You!

BEADY-KEEN SHARPENING SERVICE IS
 AVAILABLE HERE! CHECK IT OUT!!!!
 RETURNS WITHOUT RECEIPT, OVER \$100, OR
 OVER 30 DAYS WILL RECEIVE INSTORECREDIT
 02/18/19 4:57PM ALEONARD 583 SALE
 30014062 1 EA 7.69 EA 7.69
 ZIPPLE 11.8" 50# STD NAT 100P 7.69
 SUB-TOTAL: \$ 7.69 TAX: \$.63
 TOTAL: \$ 8.32
 CASH TEND: 10.00 CHANGE: 1.68



==>> JRN#165529
 CUST NO: #6
 Customer Copy

<<==

RETURNS MUST BE IN RESELLABLE CONDITION
 WITH RECEIPT AND WITHIN 30 DAYS

Customer's Order No.		Date	
		2/25/19	
Sold to			
Randy Boyd			
Address			
Political			
Sold By	Cash	C.O.D.	Charge
		On Acct.	Midse.
		Ret'd.	Paid Out
STN		P.D.	
10000		1386.95	
10000			
Rec'd.		By	
Randy Boyd		Randy Boyd	
Total		1386.95	
Item# GP52			

Thank You!

THE PORT LAVACA WAVE
 107 E. Austin • P.O. Box 88
 Port Lavaca, Texas 77979-0088
 (361) 552-9788

THE PORT LAVACA WAVE
 107 E. Austin • P.O. Box 88
 Port Lavaca, Texas 77979-0088
 (361) 552-9788

Customer's Order No.				Date			
Sold to				3/4/19			
Address				Randy Boyd			
Sold By				Political			
Cash	C.O.D.	Charge	On Acct	Midge Refd.	Paid Out		
				894.80			
Rec'd. By				Randy Boyd			
All claims and returned goods MUST be accompanied by this bill.							
Thank You!				Randy Boyd			

Customer's Order No.				Date			
Sold to				3-11-19			
Address				Randy Boyd			
Sold By				Political			
Cash	C.O.D.	Charge	On Acct	Midge Refd.	Paid Out		
				817.60			
Rec'd. By				Randy Boyd			
All claims and returned goods MUST be accompanied by this bill.							
Thank You!				Randy Boyd			

THANK YOU FOR SHOPPING AT ACE
 15521-ACE HARDWARE-B. Fence
 301 CALHOUN PLAZA
 PORT LAVACA, TX 77979 Repair
 FACEBOOK @PORTLAVACACE
 (361) 552-1918
 BEACHY-KEEN SHARPENING SERVICE
 AVAILABLE HERE! CHECK IT OUT!!!!

RETURNS WITHOUT RECEIPT, OVER \$100.00
 OVER 30 DAYS WILL RECEIVE INSTORE CREDIT
 03/15/19 10:03AM BEATRICE 583 SALE
 Y020610 1 EA 9.99 EA 9.99
 YL12 2X6X10 BOARD
 LUMBER AND BAG GOODS ARE
 NON-RETURNABLE, PLEASE MAKE
 SURE
 YOU ARE PURCHASING THE RIGHT
 MATERIALS FOR YOUR JOB.
 SUB-TOTAL: \$ 9.99 TAX: \$.82
 TOTAL: \$ 10.81
 CASH TEND: 20.00 CHANGE: 9.19



==> JRN#175680 <==
 CUST NO: #5200
 ACE REMARKS ID # 19071365893

Customer Copy
 RETURNS MUST BE IN RESELLABLE CONDITION
 WITH RECEIPT AND WITHIN 30 DAYS

THE PORT LAVACA WAVE
 107 E. Austin • P.O. Box 88
 Port Lavaca, Texas 77979-0088
 (361) 552-9788

Office DEPOT®

VICTORIA - (361) 572-8999
 03/24/2019 2:12 PM



22VTQUPY555RCR4H

Customer's Order No.

Date 3-18-19

Sold to

Address

Randy Boyd
 Political

Sold By Cash C.O.D. Change On Acct. Mktg. Per. Paid Out

Description Price Amount

991.30

Rec'd. [Signature]

Item/SP#2

Thank You!

SALE 539-1-656-910799-19.2.2

622234 HAMMERMILL PAP

4 @ 18.79

75.16

759867 SEALS, 480PK, CL

75.16SS

3 @ 10.79

32.37

236033 LABELS SHIP W/

32.37SS

Subtotal:

149.52

Sales Tax:

12.34

Total:

161.86

Dash:

200.00

CHANGE: (38.14)

RLB CONTRACTING INC 1430129773

Congratulations! You've reached VIP

Rewards status. You'll now get 5% back

in rewards on ink, toner, paper, and

print/copy/ship services, plus a

special birthday offer. Visit

officedepot.com/rewards.

Shop online at www.officedepot.com

WE WANT TO HEAR FROM YOU!

Visit survey.officedepot.com

and enter the survey code below:

25DH WSTT WK0J

THE PORT LAVACA WAVE
 107 E. Austin • P.O. Box 88
 Port Lavaca, Texas 77979-0088
 (361) 552-9788

Customer's Order No.

Date

3-25-19

Sold to

Address

Randy Boyd
 Political

Sold By Cash C.O.D. Change On Acct. Mktg. Per. Paid Out

Description Price Amount

817.60

Rec'd. [Signature]

Item/SP#2

Thank You!

THE PORT LAVACA WAVE

107 E. Austin • P.O. Box 88
Port Lavaca, Texas 77979-0088
(361) 552-9788

Customer's Order No.		Date	
		4-1-19	
Sold to			
Address			
Randy Beryl Pittsford			
Sold By	Cash	C.O.D.	Charge
			On Acc.
			Midse.
			Paid Out
Qty		Description	Price
			Amount
			131.20
All claims and returned goods MUST be accompanied by this bill.			
Rec'd.		Total	
By		Total	
[Signature]		[Signature]	
Remit GP-62			

Thank You!

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>W. WEATHERS by</u> FIRST <u>Dell</u> MI <u>R</u> NICKNAME LAST SUFFIX		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>126 Chevy Chase</u> <u>Port Lavaca, Texas 77979</u>				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	AREA CODE PHONE NUMBER EXTENSION <u>(361) 920 7118</u>				
5 CANDIDATE / OFFICEHOLDER PHONE <u>cell</u>	MS / MRS / MR FIRST MI <u>W. WEATHERS by</u> <u>Pamela</u> <u>J</u> NICKNAME LAST SUFFIX				
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>126 Chevy Chase</u> <u>Port Lavaca, Texas 77979</u>				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	AREA CODE PHONE NUMBER EXTENSION <u>(361) 552 7118</u>				
8 CAMPAIGN TREASURER PHONE	9 REPORT TYPE <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>2 / 13 / 19</u> <u>4 / 20 / 19</u>				
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <u>5 / 4 / 19</u> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) <u>Calhoun Port Authority</u> <u>Commissioner Pct. 2</u>		13 OFFICE SOUGHT (if known) <u>Calhoun Port Authority</u> <u>Commissioner Pct 2</u>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Dell R. Weathersby

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

1180.25

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

819.75

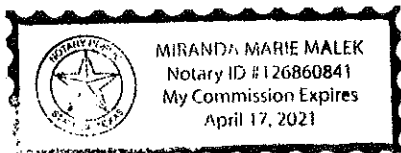
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

2000.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Dell R. Weathersby*, this the *4th* day of *April*, 20 *19*, to certify which, witness my hand and seal of office.

Miranda Malek
Signature of officer administering oath

Miranda Malek
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME***Dell R. Weathersty***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ <i>2000⁰⁰</i>
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>118225</i>
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

6 Full name of contributor ☐ out-of-state PAC (ID#: _____)

8 Amount of Contribution \$

9 In-kind contribution description

7 Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

De. H. R. Weatherly

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ ~~N/A~~ 2000.00 DW

5 Date of loan

2/25/19

7 Name of lender

☐ out-of-state PAC (ID#: _____)

De. H. R. Weatherly

9 Loan Amount (\$)

2000.00

6 Is lender a financial Institution?

Y ☒ N

8 Lender address; City; State; Zip Code

126 Chevy Chase
Port Lavaca Texas 77979

10 Interest rate

0

11 Maturity date

12 Principal occupation / Job title (See Instructions)

N/A

13 Employer (See Instructions)

N/A

14 Description of Collateral

☒ none

15 Check if personal funds were deposited into political account (See Instructions)

☒

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☒ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account (See Instructions)

☐

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME De 11 B. Weatherly		3 Filer ID (Ethics Commission Filers)	
4 Date 3/1/2018		5 Payee name Eclipse Tinting & Signs			
6 Amount (\$) \$1,151.53		7 Payee address; City; State; Zip Code P.O. Box 1710 Port Lavaca, Texas 77979			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense (Signs)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name N/A		Office sought 	

Date 3/6/19		Payee name Fastenal			
Amount (\$) \$3.25		Payee address; City; State; Zip Code 210 S Hwy 35 Port Lavaca, Texas 77979			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Screws	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name 		Office sought 	

Date 3/6/19		Payee name Power Electric			
Amount (\$) 4.03		Payee address; City; State; Zip Code 1305 N. Virginia ST Port Lavaca, TX 77979			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bolts	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name N/A		Office sought 	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>2</i>	2 FILER NAME <i>De 11 R. Woathorsby</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/26/19</i>	5 Payee name <i>Godaddy</i>	
6 Amount (\$) <i>21.34</i>	7 Payee address; City; State; Zip Code <i>www.Godaddy.com</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>web site</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$			
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address; City; State; Zip Code				
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Candidate / Officeholder name</td> <td style="width: 33%; border: none;">Office sought</td> <td style="width: 33%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Candidate / Officeholder name</td> <td style="width: 33%; border: none;">Office sought</td> <td style="width: 33%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- ☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- ☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- ☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below *only* if you are not an officeholder. ..

A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

.. Complete this section *only* if you are an officeholder ..

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

2

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

PAUL

D

NICKNAME

LAST

SUFFIX

LAUTERBACH

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. BOX 532 Point TX
Comfort 77978

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(361)

212 1560

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

PAUL

D.

NICKNAME

LAST

SUFFIX

LAUTERBACH

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. BOX 532 Point TX 77978
Comfort

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(361)

212-1560

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

02 / ~~15~~ / 2019
20

THROUGH

Month

Day

Year

~~02~~ / ~~15~~ / 2019
03 / 29

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 04 / 2019

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

District #4 Calhoun
Co. Port Authority Board

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

PAUL D. LAUTERBACH

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

N/A

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 24.34

4. TOTAL POLITICAL EXPENDITURES

\$ 24.34

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

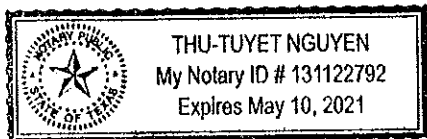
\$ 0.00

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Paul D. Lauterbach

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Paul D. Lauterbach, this the 29 day of March, 2019, to certify which, witness my hand and seal of office.

Thu-Tuyet Nguyen
Signature of officer administering oath

Thu-Tuyet Nguyen
Printed name of officer administering oath

Member Serv. Rep.
Title of officer administering oath